

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004304

1. Entity Name

SOUTHERNMOST CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business

729 FLEMING STREET
KEY WEST FL

Mailing Address

PO BOX 1452
KEY WEST FL 33041-1452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0888110

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKS, BARNEY J ELDER
912 ASHE STREET, APT C
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	PHIFER, ROBIN	<input type="checkbox"/> Delete
NAME		624 MICKENS LN	
STREET ADDRESS		KEY WEST FL 33040	
CITY-ST-ZIP			
TITLE	T	RAHMING, ROSEMARY	<input type="checkbox"/> Delete
NAME		908 THOMAS ST	
STREET ADDRESS		KEY WEST FL 33040	
CITY-ST-ZIP			
TITLE	TT	JOHNSON, JUANITA	<input type="checkbox"/> Delete
NAME		1200 ASHBY ST	
STREET ADDRESS		KEY WEST FL	
CITY-ST-ZIP			
TITLE	T	SCOTT, DIANE	<input type="checkbox"/> Delete
NAME		G-8 GEORGE ALLAN APT	
STREET ADDRESS		KEY WEST FL	
CITY-ST-ZIP			
TITLE	S	HICKS, KRISTINA	<input type="checkbox"/> Delete
NAME		912 ASHE ST APT C	
STREET ADDRESS		KEY WEST FL	
CITY-ST-ZIP			
TITLE	P	HICKS, BARNEY J	<input type="checkbox"/> Delete
NAME		912 ASHE ST APT C	
STREET ADDRESS		KEY WEST FL	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barney J Hicks, Chief Executive Officer*

6-7-D1

305-294-5159

FILED
Jun 12, 2001 8:00 am
Secretary of State

06-12-2001 90003 050 ****69.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)